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ABSTRACT

In the past decade, the suicide rate among young blacks has risen to the point where it is nearly as high as that of their white peers. There is, however, a striking contrast in age distribution in the suicide patterns of whites and blacks. Whereas white suicide increases in direct relation with advancing chronological age, suicide among black males reaches its peak in the 15-24 year old age group. Current statistics do not reflect a similar increase in suicides among black women. In this document these and other data relating to black suicide are discussed. The different regional distribution of high suicide rates among blacks and whites are described. Current explanations for rising suicide rates, as put forth in the sparse literature on the subject, are examined. An alternative explanation, pointing to the importance of strong family and communal ties as a buffer against black suicide, is proposed. (Author/GC)

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BLACK SUICIDE IN THE SEVENTIES: CURRENT TRENDS AND PERSPECTIVES

Robert Davis

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Black Suicide in the Seventies: Current Trends and Perspectives

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ABSTRACT

In the most recent decade, the suicide rate among young Blacks has risen to the point where it is nearly as high as that of their white peers. The data in this analysis reflect the striking constrast in age distribution in the suicide patterns of whites and Blacks. Whereas white suicide increases in direct relation with advancing chronological age, suicide among Blacks reaches its peak in the youthful years.

Current statistics fail to reflect a "dramatic" or significant increase in the suicide rate of Black women. Contrary to popular belief, Black men in their twenties represent the most suicide prone group. Young Black males have been committing suicide at a steadily increasing rate during the past six years.

Regionally, Black suicide rates are highest in the North and West and lowest in the South. White suicide rates reflect a slightly different regional distribution. The highest rates occur in the West and the lowest in the North.

The lack of research into the phenomenon of Black suicide is highlighted along with an exploration of current explanations. An alternative explanation is proposed that points to the importance of strong family and communal ties as a buffer against Black suicide.

Black Suicide in the Seventies: Current Trends and Perspectives

1. INTRODUCTION

Despite the common belief that suicide is a problem of whites, recent research emphasizes that it is democratically distributed (Hendin, 1969; Peck and Litman, 1973; Seiden, 1970, 1972; Davis, 1975). Most people, both white and Black, are surprised to learn that suicide is a serious problem among young Blacks. In recent years, the following observations have been made nationally concerning the high frequency of suicide among young Blacks:

1. The suicide rate of 15 to 19-year-old nonwhite females has exceeded the toll for their white female age peers (Vital Statistics of the U.S., 1965-1967).
2. The suicide rate of Black males, ages 20-24, has approximated and at times surpassed that of their white male age cohorts (Vital Statistics of the U.S., 1965-1967).
3. The suicide rate of nonwhite males and females, ages 15-34, is now higher than it has been in more than 50 years. Furthermore, during 1966 and 1967 the national suicide rate for nonwhite males, ages 25-29, surpassed the rate of their white age peers (Vital Statistics of the U.S., 1967-1969).
4. Blacks between the ages of 15 and 24 commit suicide at a rate higher than that of the total Black population of all ages (Seiden, 1972).
5. Among Black Americans, suicide rates peak between ages 25 and 34 (Seiden, 1970).

Although the total death rate for suicide among whites exceeds the rate of Blacks (12.8 per 100,000 vs. 6 per 100,000), the latest available mortality statistics (1970-1975) indicate that the pattern of youthful Black suicide is persisting and has become even more pronounced. The suicide rate for Blacks as a whole has increased by 22%; furthermore, within the youthful age ranges of 20-24 and 25-29, the increases were 16 and 36%, respectively. Most significant, however, is the fact that the bulk of Black suicides (47%) occur among young Blacks ages 20-34 (see Table 1).

Whereas in the past the suicide rate among Blacks was considerably lower than among whites, in the most recent decade the suicide rate among young Blacks has risen to the point where it is nearly as high as that of their white age peers. Examining the 20-24 age group of both races throughout the United States for the 6 year period 1970-1975, we find suicide rates of 12.8 per hundred thousand for Blacks and 14.2 per hundred thousand for whites. Within the 25-29 age group, the Black suicide rate increased to 14.1 per hundred thousand (the highest recorded rate for this age group to date) and the white suicide rate increased to 15 per hundred thousand. At age 35 and above, however, the suicide rate for Blacks remains relatively low (see Tables 2 and 3).

What emerges from these data and other contemporary studies of Black suicide is the striking contrast in age distribution: Whereas suicide among whites increases in direct relationship to advancing chronological age, suicide among Blacks reaches its peak in the youthful years. Older Blacks seldom take their own lives. Does this reflect the older Blacks' ways of coping--the old training that emphasized sustaining

Table 1

Recent Trends in Black Suicide by Selected Age Groups and Sex, 1970 - 1975

Age and Sex	Number	Percentage		Average Annual Rate	Percentage Change 1970 to 1975
Males, all ages	6,142	75.5		9.3	25.9
20-24	1,206	14.8	36.1	22.3	15.1
25-29	999	12.3		23.6	41.6
30-34	728	9.0		20.1	9.1
Females, all ages	1,994	24.5		2.7	8.0
20-24	362	4.5	11.0	5.5	10.4
25-29	311	3.8		6.1	13.8
30-34	221	2.7		4.9	-21.8
Both sexes, all ages	8,136	100.		5.8	21.6
20-24	1,568	19.3	47.1	13.0	16.2
25-29	1,310	16.1		14.0	35.8
30-34	949	11.7		11.7	1.7

Sources: Vital Statistics of the U.S., 1970-1975, (Volume 2 - Mortality, Part A, Tables 1-26).

U.S. Bureau of the Census (1975, pp. 23-28).

Table 2

Suicide Rates, per 100,000 U.S. Population by Race, Age, and Sex, 1970 and 1975.

	BLACKS						WHITES					
	1970			1975			1970			1975		
	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females
l Ages	5.1	8.1	2.5	6.2	10.2	2.7	12.4	18.0	7.1	13.6	20.1	7.4
5 yrs												
-9 yrs	-	-	-	-	-	-	-	-	-	-	-	-
-14 yrs	0.4	0.3	0.4	0.2	0.2	0.3	0.7	1.1	0.3	0.9	1.4	0.4
-19 yrs	3.8	4.8	2.9	3.9	6.4	1.6	6.2	9.4	2.9	8.1	13.0	3.1
-24 yrs	11.7	20.5	4.8	13.6	23.6	5.3	12.3	19.3	5.7	16.9	26.3	6.9
-29 yrs	12.0	19.7	5.8	16.3	27.9	6.6	14.1	19.8	8.6	16.6	25.1	8.0
-34 yrs	11.8	19.7	5.5	12.0	21.5	4.3	14.7	20.0	9.5	16.7	23.5	10.0
-39 yrs	8.7	14.5	4.0	9.9	17.3	4.0	16.9	21.9	12.2	17.0	22.8	11.4
-44 yrs	7.1	11.4	3.5	9.0	15.2	3.8	19.1	24.6	13.8	19.9	26.1	13.9
-49 yrs	9.2	15.9	3.5	7.9	13.7	2.9	20.6	28.2	13.5	21.4	29.1	14.0
-54 yrs	7.3	11.3	3.9	6.0	10.4	5.3	21.9	30.9	13.5	21.6	20.2	13.6
-59 yrs	6.9	12.9	1.7	7.2	11.7	3.3	23.5	34.9	13.1	21.9	32.0	12.7
-64 yrs	4.7	7.7	2.2	6.5	9.8	3.8	22.5	35.0	11.5	20.7	32.3	10.6
-69 yrs	5.9	9.7	2.7	5.1	8.5	2.5	21.9	37.4	9.4	20.9	35.0	9.6
-74 yrs	4.7	7.0	3.0	9.3	16.0	3.9	22.7	40.4	9.7	21.2	37.6	9.3
-79 yrs	2.7	4.5	1.4	8.8	18.1	1.9	21.4	42.2	7.3	22.3	44.9	7.8
-84 yrs	8.2	16.6	2.3	3.1	6.6	0.8	20.0	45.8	5.8	19.4	50.3	4.7
+	5.8	10.2	3.1	1.3	3.8	-	20.0	45.8	5.8	19.4	50.3	4.7

urce: Vital Statistics of the U.S., 1970-1975, (Volume 2 - Mortality, Part A, Tables 1-26).

Table 3

Suicide Rates, per 100,000 U.S. Population by Race and Sex, 1970-1975

ar	Black			White			Nonwhite		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
70	5.1	8.1	2.5	12.4	18.0	7.1	5.6	8.5	2.9
71	5.3	8.0	3.0	12.5	17.9	7.3	5.9	8.6	3.4
72	6.1	9.6	2.9	12.8	18.5	7.3	6.6	10.3	3.3
73	5.9	9.7	2.5	12.8	18.8	7.0	6.4	10.0	3.0
74	6.0	9.9	2.6	13.0	19.2	7.1	6.5	10.2	3.0
75	6.2	10.2	2.7	13.6	20.1	7.4	6.8	10.6	3.3
erage Annual Rate	5.8	9.3	2.7	12.8	18.7	7.2	6.5	10.1	3.2
				Age Specific Suicide Rates					
				Ages 20-24					
70	11.7	20.5	4.8	12.3	19.3	5.7	12.0	19.4	5.5
71	11.6	17.8	6.6	12.5	19.0	6.2	12.1	17.8	7.1
72	15.4	25.6	6.8	13.5	20.5	6.6	16.6	26.0	8.2
73	13.5	24.1	4.8	14.9	24.3	5.5	14.1	23.3	5.8
74	12.1	21.3	4.6	15.5	24.5	6.4	12.8	21.3	5.0
75	13.6	23.6	5.3	16.9	26.3	6.9	14.4	23.6	6.0
erage Annual Rate	13.0	22.3	5.5	14.2	22.4	6.3	13.5	22.3	5.9
				Ages 25-29					
70	12.0	19.7	5.8	14.1	19.8	8.6	12.6	20.1	6.0
71	11.2	17.6	6.0	14.2	20.1	8.3	12.1	18.3	6.8
72	14.2	23.1	6.8	14.9	21.0	8.8	14.4	23.1	6.9
73	15.3	26.4	6.1	15.0	22.1	8.0	15.2	25.8	6.2
74	14.3	25.0	5.3	16.1	23.8	8.4	14.2	24.0	5.9
75	16.3	27.9	6.6	16.1	25.1	8.0	16.4	27.6	6.8
erage Annual Rate	14.0	23.6	6.1	15.0	21.6	8.4	14.3	23.6	6.5
				Ages 30-34					
70	11.8	19.7	5.5	14.7	20.0	9.5	11.9	19.4	5.6
71	10.9	17.0	6.1	13.9	18.5	9.5	11.3	16.7	6.6
72	10.9	19.2	4.1	15.3	20.7	9.9	10.7	18.4	4.2
73	10.8	19.2	3.9	15.2	21.4	9.1	11.1	18.9	4.4
74	13.7	23.4	5.6	15.9	22.8	9.0	13.6	21.5	6.8
75	12.0	21.5	4.3	16.7	23.5	10.0	12.9	20.9	6.0
erage Annual Rate	11.7	20.1	4.9	15.3	21.0	9.5	11.6	19.2	5.8

Source: Vital Statistics of the U.S., 1970-1975, (Volume 2 - Mortality, Part B, Table 7-6).

oneself in the face of overwhelming obstacles--and/or access to stable, positive social relations within the Black community?

To some extent, the youthful nature of Black suicide is reflective of a national increase in adolescent suicides across all racial groups (Peck, 1971). However, this increase is most pronounced among Blacks, and in recent years has reached epidemic proportions. On a national level, recent mortality statistics disclose that the Black suicide rate peaks 5 years earlier (20-34) than it did 7 years ago (35-34). In addition, the suicide rate of young Black males between ages 20 and 34 is the same as that of white males in the same age group. At ages 25-29, however, the suicide rate of Black males has surpassed that of their white male age cohorts. Scanning the data in Table 3, we can readily see that the average annual suicide rate for the 6 year period 1970-1975 for Black males ages 25-29 is 23.6 per 100,000, whereas the rate for their white male age cohort is 21.6 per 100,000. Furthermore, within this same age range, Blacks commit suicide at a rate of a little more than two times (14.1 per 100,000 vs. 6.0 per 100,000) greater than that of the total Black population of all ages.

Given these rates, it is feasible to assume that youthful suicide is a substantial problem within the Black community. It is seen as particularly acute because the Black community is being robbed of some 30 to 40 years of useful manpower, earned wages, sources of reproduction, and a host of other contributions that young people make to society.

Suicide Among Black Women

Though nationally, death by suicide for Black females is reportedly on the increase (see Maris, 1969; Slater, 1973; Seiden, 1972), it is worthy of note that the ratio of Black male to Black female suicide is 3.4 to 1 for the total Black population of all ages, and 4 to 1 for the peak age range of 20-34 (see Table 3). It is interesting and somewhat puzzling that Black male suicide, which has not received the public attention of Black female suicide, occurs with such frequency during the 6 year period of this study. Considering the recent attention focused upon Black female suicide (Wylie, 1974; Reingold, 1974; Christian, 1973; Slater, 1973; Peck and Litman, 1973; Seiden, 1972), one would expect the current statistics to reflect suicide as a "growing menace to Black women." However, the degree to which the suicide rate of young Black women has increased relative to the increase among young Black men suggests that suicide is indeed a menace, but primarily to young adult Black males in their twenties.

Of the 8,136 Black suicides occurring from 1970 through 1975, 1,944 (25%) were female, and 6,142 (75%) were male. During this same period, the corresponding rate of Black suicide per 100,000 Black population by sex was 2.7 and 9.3, respectively. Bear in mind that when we portion out the youthful age group (20-24), the Black male suicide rate is four times greater than that of the females. Even more astonishing is the fact that Black female suicide increased by only 8% from 1970 to 1975, whereas for Black males it increased by 25% (see Table 1). Generally the data indicate that although both sexes show increases from the earlier period, the increases are most dramatic among Black males for all age groups considered.

Within the 25-29 age group, Black male suicide increased by 42% as opposed to a 14% increase among Black female age peers. Similarly, within the 20-24 and 30-34 age groups, Black male suicide increased more rapidly than Black female suicide for the same age cohorts. More interesting is the fact that Black female suicide actually decreased by 22% within the latter age group. Furthermore, within the youthful Black age range 20-34, Black males account for 36% of all suicides, whereas Black females represent only 11%. It is among young Black males 25-29 that the highest average annual suicide rate occurs, 23.6 per 100,000; the corresponding Black female rate is 6.1 per 100,000. Hence, in this decade (1970s), the rate of suicide for young Black males is four times greater than that of young Black females.

When nonwhite data (Blacks comprised 94 to 90% of the total nonwhite population during these time periods) are analyzed for the time periods 1965-1969 and 1970-1975, we find that nonwhite male suicide increased more rapidly in every age group considered than did nonwhite female suicide (see Table 4). Most noticeable is the 59% increase within the 20-24 age group as opposed to a 34% increase among young nonwhite females. In the 30-34 age group, nonwhite female suicide decreased by 3%.

Finally, the present data fail to reflect suicide as occurring more often among 15-19-year-old Black females than their white female age peers. In fact, within this age group, we find average suicide rates of 1.7 per 100,000 for Black females as compared to 3.1 per 100,000 for white females. Even within the peak age range of 25-29, Black female suicide does not exceed the rate of its white age cohort (6.1 per 100,000 vs. 8.4 per 100,000).

Table 4

Age Specific Nonwhite Suicide Rates by Sex for Selected Time Periods.

Age Group	1965 - 1969			1970 - 1975			Difference 1965-1969 and 1970-1975			Percentage of Change		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
All ages	5.0	7.7	2.5	6.5	10.1	3.2	1.5	2.4	0.7	30.0	31.2	28.0
20-24	9.0	14.0	4.4	13.5	22.3	5.9	4.5	8.3	1.5	50.0	59.2	34.1
25-29	10.9	17.1	5.6	14.3	23.6	6.5	3.4	6.5	0.9	31.2	38.0	16.1
30-34	10.9	16.8	6.0	11.6	19.2	5.8	0.7	2.4	-0.2	6.4	14.3	-3.3

Source: Vital Statistics of the U.S., 1965-1975, (Volume 2 - Mortality, Part B, Table 7-6).

Clearly, then, neither a "rapid" nor "dramatic" increase in the suicide rate of Black women is evident in the current data. Nor do the present data reflect a more rapid increase in the suicide rate among Black females relative to Black males. More important, this generalization is not altered when we focus attention upon the youthful age groups, i.e., ages 20-34.

Regional Distribution of Black Suicide

The total Black population of the United States was 24 million on April 1, 1974, representing an increase of 1.4 million over the April 1970 figure. The most recent estimate of the Black resident population was 24.4 million in April 1975 (U.S. Bureau of the Census, 1975). After declining steadily for the last 3 decades, the proportion of Blacks living in the South has leveled off at about 53%. Of the remaining 47% of the Black population, 38% reside in the North and 9% in the West (see Table 5).

Regionally, in 1970 the nonwhite suicide rate was highest in the West (8.9 per 100,000), and lowest in the South (4.4 per 100,000), with the North falling in between (5.4 per 100,000). The white suicide rate reflects a slightly different regional distribution for 1970 data. The highest rate, 17.7 per 100,000, occurs in the West (18% of white population), and the lowest rate, 10.3 per 100,000, in the North (53% of white population). The South, which accounts for 29% of the white population, has a rate of 13.1 per 100,000. For both races, the data reflect an inverse relationship between the proportion of the population residing in a region and its suicide rate (see Table 5).

For the 1975 data, the regional pattern is virtually identical to that of 1970, with the exception of noticeable increases for both races.

In the South, which has the lowest nonwhite suicide rate (5.7 per 100,000), suicides increased by 30% among nonwhites. Conversely, the nonwhite suicide rate increased by 13% in the West, the region with the highest nonwhite rate (9.8 per 100,000). Finally, the nonwhite suicide rate increased by 26% in the North, where the nonwhite rate is 6.8 per 100,000.

According to 1975 data on whites, the suicide rate increased by less than 1% in the West, the region with the highest white suicide rate (17.8 per 100,000). The North, which has the lowest white suicide rate (11.1 per 100,000), recorded an 8% increase from 1970 to 1975. Similarly, the white suicide rate increased by 6% in the South, where the white suicide rate is 15.8 per 100,000.

The only other observation worthy of note in Table 5 is that suicide rates are increasing more rapidly among nonwhites than whites across all regions of the United States. Furthermore, among nonwhites the greatest increase occurs in the North, particularly the Northeast (33%), and the South. Hence, it appears that those regions with low nonwhite rates are experiencing the greatest increase in suicide. Finally, in addition to the inverse relationship noted earlier, there exists an inverse relationship between the percentage change from 1970 to 1975 and the suicide rate for both races across each region.

Table 6 presents nonwhite suicide rates for the 17 states with the largest Black population for 1970 and 1975. The data presented here show that for both periods, California (9.9 and 9.7 per 100,000), Ohio (7.4 and 9.5 per 100,000), Pennsylvania (7.3 and 9.8 per 100,000) and Michigan (6.3 and 8.4 per 100,000) recorded the highest nonwhite suicide rates. Correspondingly, Mississippi (2.3 and 2.7 per 100,000), Alabama (2.9 and

Table 5

Regional Distribution of Suicide per 100,000 U.S. Population by Color: 1970 and 1975, and change, from 1970 to 1975

	South	North			West
		North-East	North Central	Total	
1970					
Nonwhite	4.4	4.5	6.2	5.4	8.7
White	13.1	9.2	11.2	10.3	17.7
Total	11.3	8.7	10.7	9.8	16.8
1975					
Nonwhite	5.7	6.0	7.5	6.8	9.8
White	15.8	10.2	11.9	11.1	17.8
Total	13.9	9.8	11.5	10.7	16.9
Percentage Change 1970 to 1975					
Nonwhite	29.5	33.3	21.0	25.9	12.6
White	6.1	8.2	10.5	7.7	0.6
Total	23.0	12.6	7.5	9.2	0.6
Percentage Distribution of U.S. Population					
Black	53.0	19.0	20.0	39.0	9.0
White	29.0	24.0	29.0	53.0	18.0

Source: Vital Statistics of the U.S., 1970-1975, (Volume 2, Mortality, Part B, Table 7-6). U.S. Bureau of the Census (1974, Table 3).

2.2 per 100,000), North Carolina (3.3 and 4.5 per 100,000), New Jersey (3.5 and 4.5 per 100,000), and New York (3.6 and 5.0 per 100,000) recorded the lowest nonwhite rates. Further inspection of Table 6 indicates that an inverse relationship between the percentage of Black population and the nonwhite suicide rate, which to a very large extent can be read as Black suicide rate, exists. This relationship is also supported by our regional data.

The most remarkable feature of Table 6, however, is that with the exception of Alabama, the states with the highest and lowest nonwhite suicide rates experienced similar net increases from 1970 to 1975. Furthermore, the greatest increases for both sexes occur in states ranked among those with the highest and lowest rates. Specifically, males experienced increases of 51 and 40% in North Carolina and Ohio, respectively; whereas female suicide rates increased by 67% in New York and 40% in Pennsylvania. Finally, it is worthy of note that in California, the state with the highest rates for both time periods, the nonwhite suicide rate decreased by 6%.

We may find these startling statistics hard to accept. Why are Blacks beginning to take their lives, particularly young adult Black males who represent such a vital portion of the Black community's future? In answer to this query, we turn to several viewpoints presented in recent suicide literature.

2. PREVIOUS EXPLANATORY THEORIES OF BLACK SUICIDE

A review of recent studies that have examined the phenomenon of Black suicide suggests that behavioral scientists, including sociologists and suicide

Table 6

Nonwhite Suicide Rates for States with the Largest Black Populations, by Sex: 1970, 1975, and Change from 1970 to 1975.

States	Percentage Black Population			Suicide Rates						Difference					
				1970			1975			1970 - 1975			Percentage of Change		
	1960	1970	1975	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
ssissippi	42.0	36.8	27.4	2.3	[illegible]	0.9	2.7	4.4	1.1	0.4	0.6	0.2	17.4	15.8	22.2
uth Carolina	34.8	30.5	23.6	1.5	[illegible]	0.3	1.8	3.0	0.8	0.3	0.2	0.5	20.0	7.1	1.7
uisiana	31.9	29.8	19.3	4.5	7.8	1.5	4.0	7.1	1.4	-0.5	0.7	-0.1	-11.1	8.9	-6.7
abama	30.0	26.2	27.4	2.9	4.2	1.6	2.2	4.3	0.3	-0.7	0.1	-1.3	-24.1	2.4	-81.3
orgia	28.5	25.9	23.6	4.3	7.2	1.7	3.9	6.4	1.9	-0.4	-0.8	0.2	-9.3	-11.1	11.8
rth Carolina	24.5	22.2	24.9	3.3	4.9	1.7	4.5	7.4	1.7	1.2	2.5	0.0	36.4	51.0	0.0
rginia	20.6	18.5	16.5	5.5	8.3	2.6	3.0	4.5	1.6	-2.5	-3.8	-1.0	-45.5	-45.8	-38.5
orida	17.8	15.3	14.8	4.7	6.2	3.2	4.4	7.4	1.5	-0.3	1.2	-1.7	-6.4	19.4	-53.1
nnessee	16.5	15.3	11.6	5.7	9.4	2.3	4.7	7.7	2.2	-1.0	-1.7	-0.1	-17.5	-18.1	-4.3
linois	10.3	12.8	12.4	5.1	7.9	2.5	5.6	9.2	2.6	0.5	1.3	0.1	8.9	16.5	4.0
xas	12.4	12.5	12.5	4.7	6.8	2.7	5.0	8.0	2.3	0.3	1.2	-0.4	6.4	17.6	-14.8
w York	8.4	11.9	11.3	3.6	5.9	1.5	5.0	8.1	2.5	1.4	2.2	1.0	38.9	37.3	66.7
w Jersey	8.5	11.3	11.2	3.5	5.4	1.8	4.5	7.4	2.0	1.0	2.0	0.2	28.6	37.0	11.1
chigan	9.2	11.2	11.7	6.3	10.1	2.7	8.4	12.6	3.5	2.1	2.5	0.8	33.3	24.8	29.6
io	8.1	9.1	9.5	7.4	11.0	3.9	9.5	15.4	4.4	2.1	4.4	0.5	28.4	40.0	12.8
nnsylvania	7.5	8.6	8.9	7.3	11.4	3.5	9.8	15.6	4.9	2.5	4.2	1.4	34.3	36.8	40.0
lifornia	5.6	7.0	7.7	9.9	12.0	7.8	9.7	12.9	6.7	-0.2	0.9	-1.1	-6.1	7.5	-14.1
strict/Columbia	53.9	75.0	75.7	4.9	8.5	1.7	18.0	9.6	3.0	13.1	11.1	1.3	267.3	130.6	76.5

Source: Vital Statistics of the U.S., 1970-1975, (Volume 2 - Mortality, Part B, Table 7-6).

experts, are uncertain as to the reasons for the occurrence of this phenomenon. Some of the etiological explanations suggested are stresses associated with urbanization (i.e., migration, unemployment, frustration, etc.), movement into the American mainstream, and certain conditions associated with "Black female-Black male" relationships. Empirical research is lacking to substantiate many of these explanations, especially in terms of how suicidal motivations in the youthful Black population originate and develop.

No effort is made here to review thoroughly each of the previously listed explanatory theories of Black suicide; rather, I briefly summarize the major projections of each explanation.

Urban Stress of "Frustration-Aggression" Theory

This theory represents the most often used conceptual framework to explain the high suicide and suicide attempt rates among young Blacks. Proponents of this theory postulate that young Blacks are overburdened by racism, expressed in terms of poverty, high unemployment, inadequate education, poor housing, and poor parenting. In reaction to these interacting and summating urban stresses, young Blacks are socialized into or elect violence in the form of suicide, including "victim-precipitated" and "revolutionary" suicide. Some observers would even include "fatalistic" suicide as a reaction to urban stress.

The difficulties in dealing with the stresses of urban life and racist institutions are viewed by Seiden (1970) as essential in causing deaths that are "technically speaking, homicides, but that seem essentially to be suicides in which the victim arranges or demands to be killed"

(victim-precipitated suicide). Revolutionary suicide--"suicide motivated by a desire to change the system, or else die trying to change the reactionary conditions"--can be seen as a subculturally acceptable alternative to the so-called "inadvertent overdose" (Seiden, 1970: 24-28). Finally, some Black suicides may be viewed as an outgrowth of "retroflexed anger" and "acute crises," in response to oppressive authority structures legitimized by racist urban institutions (fatalistic suicide).

Status Integration or "Cultural Shock" Theory

This comprehensive sociological theory developed by Gibbs and Martin (1964) hinges partly upon the bittersweet realization that constructive social changes may in some ways have destructive consequences. The central question within this theoretical framework is, could increased suicide be the ticket of admission to the middle-class American dream? Proponents of this viewpoint note that as Blacks win their way into the material plenty of American middle- and upper-middle-class life, they inherit the economic, social, and psychological tensions possessed by their white counterparts. Suicide and other negative social nets are viewed as part of this legacy (Woodford, 1965; Bohannan, 1960; Prudhomme, 1938).

The Black Liberation movement of the sixties and the resultant rapid economic growth of young educated Blacks are viewed as important factors in producing what Durkheim (1951) referred to as "egoistic" and "anomic" types of suicide. Both types of suicide seem to fit young Blacks who are upwardly mobile and moving toward white goals and values in the hope of social acceptance. In the former, suicide among young middle-class

Blacks is due to their belief that they are integrated totally in the desired stream of society (white middle-class), although they are not; they are forced to attempt to play a part. The latter type of suicide results from failure of many Blacks to properly adjust to social change. The sudden rise in upward mobility (which causes social change) of Blacks in American society gives rise to adjustment and assimilation problems, resulting in internal alienation, ultimately bringing about suicidal destruction.

"Black female-Black male" Relations or Black Family Deficit Theory

Proponents of this viewpoint extend Moynihan's (1965) concept of the Black family as an emancipated system that is barely able to meet the fundamental needs of its members for survival, socialization, and transmittal of a viable cultural heritage as the raison d'etre for self-murder by Blacks. Within this conceptual framework, it is hypothesized that young Black women are often expected to manage and support their families. Thus the Black female's role of the "bread-winner" is similar to the white male's role in this respect. Hence, the Black female is believed to be subjected to the double stress of domestic conflicts and work problems. This, many sociologists believe, accounts for the higher suicide rate of young Black females, compared with their white counterparts (Maris, 1969; Henry and Short, 1954; Hendin, 1969).

There is also a "male deficit" component to this perspective. It is a recognized statistical fact that there are over one million more Black women in America than Black males (Staples, 1972). The significance of this statistic for Black suicide becomes clear when it is noted that

(1) suicide among young Black females frequently occurs following a breakup with a spouse or boyfriend, and (2) Black females who commit suicide reside with their family or friends more often than their white female counterparts (Christian, 1973). Thus the shortage of Black males is put forth as an explanatory variable in accounting for Black female suicide.

Although the above explanations may have relevancy, this conceptual framework fails to deal adequately with the question of young Black male suicide. At best, this theory can only offer a feeble attempt at explaining the suicide rate of young Black males by pointing to pressures on the Black family and how they handicap the male. The absence or loss of a "sensitive, strong, loving masculine father-figure" is viewed as the cause of suicide among young Black males. This "lack of appropriate masculine male models" is believed to cause serious "psychological damage" in the early years of the young Black male's life (Hendin, 1969).

3. BLACK SUICIDE: AN ALTERNATIVE PARADIGM

As a result of the upsurge in Black suicide, leading Black magazines, public and mental health journals, behavioral science publications, and a host of practitioner-oriented conferences have focused attention upon the phenomenon of Black suicide. The current "popularity" of Black suicide is hopefully not just a publication fad resulting in temporary interest in a "hot" topic. Black suicide is a serious problem, especially among young adult Black males. It is seen as particularly acute because in the Black community, there is the general feeling that suicide is a "white folk problem." As one observer notes, "we don't do that; we're too

in love with life." The reality of the situation, as we have seen, is that young Blacks are committing self-murder at an alarmingly increasing rate.

Historically, Black suicide has never been a real and serious concern for the handful of sociologists and psychiatrists specializing in suicide research. Only a few behavioral scientists' careers have touched the lives of suicidal Black people. The explanations offered by these researchers are at best patronizing, depicting the "weakness of the Black family," "a history of authority problems with the police," "retroflective anger," and other distorted psychosocial patterns as being central factors in Black suicide (see Hendin, 1969; Breed, 1970; Maris 1969).

Given the inadequacy of pathologically oriented approaches to explaining Black suicide and the speculative nature of many of the conceptual frameworks reviewed, I offer a conceptually plausible explanation for the increasing suicide rate among young Blacks, which is the possibility of a link between the loosening or weakening of communal and familial ties and Black suicide, indicators of what Henry and Short (1954) have called "strength of the relational system."

Every racial and ethnic group in America has had to develop ways to compensate for rejection, abuse, and the stresses and anxieties associated with suicide and depression. Life style or group culture may make some groups relatively vulnerable to suicide or relatively protected from it. For Blacks, the stresses and anxieties that might lead to suicide have often been offset by strong family and communal ties. Effectively denied all other mechanisms to compensate for rejection and abuse, Blacks have in the past used their families, communities, and institutions (i.e., churches,

social clubs, fraternal organizations, etc.) to develop positive and functional forms of response to recurrent stressful social situations. The Black community, in effect, has functioned as a substitute society, providing participation and purpose, a sense of belonging, and the possibility of cooperative and self-help approaches to problems.

Recently, however, the Black community as a caring and protective system has become less available to an increasing proportion of young Blacks. The American myth that "money means happiness" and automatic assimilation into the American mainstream is increasingly accepted by young Blacks in the hope of social acceptance and individual profit. The illusion of widespread social acceptance and social opportunities has tended to loosen or weaken the communal and family ties previously serving as a buffer against suicide among Blacks. When young Blacks begin to internalize personal failures and frustrations, and no longer use the traditional institutional structures, relationships, and groups within the Black community to shield them from full personal impact, alienation and anomie set in, increasing the likelihood of self-destruction.

Theoretical (and empirical support documenting the importance of strong social ties can be found in the propositions of Durkheim (1951); Henry and Short (1954); and the research of Bohannan (1960). Durkheim (1957) notes that suicide varies inversely with the degree of integration of the group to which the individual belongs. Whereas Henry and Short (1954) advance the general proposition that suicide and the strength of the relationship system are negatively related, Bohannan observes in his cross-cultural study that suicide rates in Africa are low because of strong social ties. Little or none of what Durkheim refers to as egoistic suicide exists.

These studies suggest that when individuals are left without important support systems (i.e., strong social ties) the likelihood of suicide is increased. Perhaps the current increase in suicide among young Blacks is, in part, due to weakened social relations, i.e., loosening or weakening of communal and family ties. I propose that such social relations are necessary for the development of positive and functional forms of response to recurrent stressful social situations.

REFERENCES

Bohannan, P., ed., 1960. African homicide and suicide. New Jersey: Princeton University Press.

Breed, W., 1970. The Negro and fatalistic suicide. Pacific Sociological Review, 13, 156-162.

Christian, E., 1973. A perspective on the phenomenon of Black suicide. Unpublished Master's Thesis, School of Social Work, University of California at Los Angeles.

Davis, R., 1975. A statistical analysis of the current reported increase in the Black suicide rate. Unpublished Dissertation, Washington State University, Pullman, Washington.

Durkheim, E., 1951. Suicide. Glencoe, Illinois: Free Press.

Gibbs, J. P., and Martin, W. T., 1964. Status integration and suicide. Eugene: The University of Oregon Press.

Hendin, H., 1969. Black suicide. New York: Basic Books.

Henry, A. F., and Short, J. F., Jr., 1954. Suicide and homicide. Glencoe, Illinois: Free Press.

Maris, R. W., 1969. Social forces in urban suicide. Illinois: The Dorsey Press.

Moynihan, D. P., 1965. The Negro family: The case for national action. Washington, D.C.: U.S. Department of Labor, Office of Planning and Research.

Peck, M. L., 1971. Youth: Special suicide risk group. Paper given at National Institute of Mental Health Suicidology Institute West, Los Angeles (January).

Peck, M. L., and Litman, R. E., 1973. Current trends in youthful suicides. Medical Tribune (December).

Prudhomme, C., 1938. The problem of suicide in the American Negro. The Psychoanalytic Review, 25, 187-204, 372-391.

Reingold, E., 1974. Black suicide in San Francisco. In mini consultation on mental and physical health problems of Black women. Washington, D.C.: Black Women's Community Development Foundation.

Seiden, R. H., 1970. We're driving young Blacks to suicide. Psychology Today, 4, 24-28.

Seiden, R. H., 1972. Why are suicides of young Blacks increasing? Health Services and Mental Health Administration, 87, 3-8.

Slater, J., 1973. Suicide: A growing menace to Black women. Ebony, 33, 153-160.

Staples, R., 1972. The Black family: A current perspective. Department of Psychiatry and Human Behavior, Charles R. Drew Postgraduate Medical School.

U.S. Bureau of the Census, 1975. Estimates of the population of the United States by age, sex, race: 1970 to 1975. Current Population Reports, Series P-25, No. 614.

U.S. Bureau of the Census, 1974. The social and economic status of the Black population in the United States. Current Population Reports, Series P-23, No. 54.

Vital Statistics of the U.S., 1965-1967, 1967. Washington, D.C.: U.S. Government Printing Office.

Vital Statistics of the U.S., 1967-1969, 1969. Washington, D.C.: U.S. Government Printing Office.

Vital Statistics of the U.S., 1970-1975, 1975. Washington, D.C.: U.S. Government Printing Office.

Woodford, J., 1965. Why Negro suicides are increasing. Ebony, 20, 89-100.

Wylie, F., 1974. Suicide among Black females: A case study. In mini consultation on mental and physical health problems of Black women. Washington, D.C.: Black Women's Community Development Foundation.